

RECEIPT OF PAYMENT

Receipt Number:	2023081205
Receipt Date:	08/16/2023
Date Paid:	08/16/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MARSHA'S NAILS, Address:454 SW WARD RD, Phone:(816) 506-1238

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81143204	\$50.00